TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
Kyle E. Jones, M.D.

Respondent Name
Texas Mutual Insurance Company

MFDR Tracking Number
M4-18-0045-01

Carrier's Austin Representative
Box Number 54

MFDR Date Received
September 5, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "[The injured employee] was examined on 05/18/2017. I was the doctor selected by her treating doctor, acting in place of the treating doctor, to determine if she has met MMI. This was also at the request of the carrier. I was also asked to address work status … We are requesting payment of $665 from Texas Mutual and believe we have submitted all appropriate documentation for the amount charged and have billed correctly."

Amount in Dispute: $665.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor determined MMI/IR and return to work at the request of the treating doctor … Texas Mutual bundled payment of code 99080 to code 994556-WP. Texas Mutual will pay code 99456-WP in order to resolve the remaining issue."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 18, 2017	Examination to Determine Maximum Medical Improvement & Impairment Rating	$650.00	$650.00
May 18, 2017	Work Status Report	$15.00	$15.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating performed on or after September 1, 2016.

3. 28 Texas Administrative Code §129.5 sets out the guidelines for submitting, billing, and reimbursing Work Status Reports.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - CAC-18 – Exact duplicate claim/service
   - CAC-97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
   - 217 – The value of this procedure is included in the value of another procedure performed on this date.
   - 224 – Duplicate charge.

Issues

1. Did Texas Mutual Insurance Company (Texas Mutual) maintain its denial of procedure code 99456-WP?
2. Are Texas Mutual Insurance Company's reasons for denial of payment for procedure code 99080-73 supported?
3. Is Kyle E. Jones, M.D. entitled to reimbursement for the services in question?

Findings

1. Dr. Jones is seeking reimbursement of $650.00 for an examination to determine maximum medical improvement and impairment rating for one body area performed on May 18, 2017. Texas Mutual claimed in its position statement that it "will pay code 99456-WP in order to resolve the remaining issue." Therefore, the division concludes that Texas Mutual did not maintain its denial of this procedure code. Because no explanation of benefits was provided to confirm this payment, the services will be reviewed in accordance with applicable fee guidelines.

2. Dr. Jones is also seeking reimbursement of $15.00 for a Work Status Report (DWC073). Texas Mutual denied this service with claim adjustment reason codes CAC-97 – "THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED," and 217 – "THE VALUE OF THIS PROCEDURE IS INCLUDED IN THE VALUE OF ANOTHER PROCEDURE PERFORMED ON THIS DATE."

   Review of the submitted documentation indicates that division-specific code 99080-73 was billed with division-specific code 99456-WP. The division finds that there is no provision which requires the inclusion of a DWC073 with an examination to determine maximum medical improvement and impairment rating.

   28 Texas Administrative Code §129.5 provides that a referral doctor may bill for a completed Work Status Report after the initial examination. The division concludes that the services are not bundled.

3. Per 28 Texas Administrative Code §134.250(3), "The following applies for billing and reimbursement of an MMI evaluation… (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be $350." The submitted documentation supports that Dr. Jones performed an evaluation of maximum medical improvement. Therefore, the maximum allowable reimbursement (MAR) for this examination is $350.00.

   Per 28 Texas Administrative Code §134.250(4), "The following applies for billing and reimbursement of an IR evaluation. … (C)(ii) The MAR for musculoskeletal body areas shall be as follows. … (II) If full physical evaluation, with range of motion, is performed: (-a-) $300 for the first musculoskeletal body area." The submitted documentation supports that Dr. Jones provided an impairment rating, which included a musculoskeletal body parts, and performed a full physical evaluation with range of motion of the lumbar spine and right hip. The MAR for this examination is $450.00. Dr. Jones is seeking $300.00 for one body area, per the submitted medical bill. Therefore, the total allowed for this service is $300.00.

   28 Texas Administrative Code §129.5(i) states, in relevant part, "Notwithstanding any other provision of this title, a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report required under this section … The amount of reimbursement shall be $15." Therefore, the MAR for this service is $15.00.

   The total allowed for the disputed services is $665.00. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $665.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor $665.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

	Laurie Garnes	October 27, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.